			FCC Form
Mobility			ved by OMB
	§54.1009 Annual Reporting	OMI Avg. Burden Estimate per Responder	B 3060-1185
Data Col	lection Form	Avg. Burden Estimate per Responder	IL. 10 HOUIS
<010>	Study Area Code	378034	
<015>	Study Area Name	Pinpoint Wireless, Inc.	
<020>	Program Year	2017	
<030>	Contact Name: Person USAC should contact with questions about this data	Lisa Ruf	
<035>	Contact Telephone Number: Number of the person identified in data line <030>	3086973375 ext.	
<039>	Contact Email: Email of the person identified in data line <030>	lisa.ruf@pnpt.com	
<040>	Has the information required pursuant to §54.1009	been provided with a Form 481 filing (Y/N) <040>	
	<041> Attach a description of the documents file	ed with the Form 481 reporting <041>	
	, , , , , , , , , , , , , , , , , , ,		
	<042> Cite the Study Area Code (SAC) for the Fo	orm 481 reporting	
<080>	Tribal Lands Reporting (y/n?) (Does this study area coverage)	er tribal lands? Yes or No)	

Notice to Individuals Required by the Paperwork Reduction Act of 1995

OMB Control Number 3060-1185 (Annual Report for Mobility Fund Phase I Support, FCC Form 690 and Record Retention Requirements) Notice to Individuals Required by the Paperwork Reduction Act of 1995

Public reporting burden for this collection of information is estimated to average 18 hours per response. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, Office of Managing Director, AMD-PERM, Washington, DC 20554, Paperwork Reduction Act Project (3060-1185). Please DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number and/or we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-1185.

THIS NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

)50) Car	rier Contact Form			FCC Form 690 Approved by OMB OMB Control No. 3060-1185 Page 2 of 8
<010>	Study Area Code		378034	
<015>	Study Area Name		Pinpoint Wireless, Inc.	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding thi	s data	Lisa Ruf	
<035>	Contact Telephone Number - Number of person identified		3086973375 ext.	
<039>	Contact Email Address - Email Address of person identified	d in data line <030>	lisa.ruf@pnpt.com	
eporting	g Carrier / Mobility Fund Phase 1 Winning Bidder			
<110>	FCC Registration Number <u>2</u>	377901		
<111>	Filing Carrier Name	inpoint Wireless,	Inc.	
<112>	Winning Bidder Carrier Name	inpoint Wireless,	Inc.	
<113>		11 Patterson St.		
<114>		ambridge		
<115>	=	IE		
<116>				
<117>	Tolonhana Number	9022		
<118>	Fax Number	086973375 ext.		
<119>	Email Address	086973532		
\113 /		isa.ruf@pnpt.com		
<120> <121> <122>	Filing Carrier Name P: Street Address (or PO Box)	isa Ruf inpoint Wireless, :	Inc.	
<123>	City	ambridge		
<124>	State	E		
<125>	Zip-Code 6	9022		
<126>	Talankana Musakan	086973375 ext.		
<127>	Fay Number			
<128>	Empail Address	086973532		
	-	isa.ruf@pnpt.com		
uthorize	ed Agent Information if no agent, indicate in this box			
<130>	Name (First, MI, Last, Suffix)			
	Company			
<131>	· ·			
	Street Address (or PO Box)			
<132>	Street Address (or PO Box)			
<132> <133>	City			
<132> <133> <134>	City State			
<132> <133> <134> <135>	City State Zip-Code			
<132> <133> <134> <135> <136>	City State Zip-Code Telephone Number			
<132> <133> <134> <135>	City State Zip-Code			

(060) Coverage and Performance Report	FCC Form 690
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<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com
<140>	Coverage and Performance Report Year 01/2016 - 12/2016	

378034_CPRd_Broadband_and_Voice_NE.zip, 378034_CPRe_DriveTest_NE.zip, 378034_CPRe_PropagationStudy_NE.zip

Coverage and Performace attachments

Percentage of Total

Population Reached by

Service

<141>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>
	State	County		Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by	Road Miles per Census Block	- ,	Total Road Miles covered per Census Block	Certify that Coverage and Performance data is uploaded (Yes/no)
				{	See attach	ed worksł	neet			

Percentage of Total

Road Miles covered

by Service

(070) Urban Rate Comparability Certification Compliance	FCC Form 690
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<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING CERTIFICATION DATA ON ITS OWN BEHALF:

Certification of Officer or Employee as to Compliance with 47 CFR §54.1009(a)(4) certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4), the information reported on this form and in any attachments is accurate. Pinpoint Wireless, Inc. Name of Reporting Carrier: CERTIFIED ONLINE Date 05/17/2017 Signature of Authorized Officer: J Thomas Shoemaker Printed name of Authorized Officer: Executive Vice President Title or position of Authorized Officer: 3086973375 ext. Telephone number of Authorized Officer: 378034 Study Area Code of Reporting Carrier: Filing Due Date for this form: Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING CERTIFICATION DATA ON THE CARRIER'S BEHALF:

Certification of Officer or Employee to authorize an Agent to file Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier					
I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting				
carrier. I also certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring compliance with 47 CFR §54.1009(a)(4) reported to the					
authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer or Employee:	Date:				
Printed name of Authorized Officer or Employee:					
Title or position of Authorized Officer or Employee:					
Telephone number of Authorized Officer or Employee:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				
, ,	nunished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Author	to File Compliance with 47 CFR §54.1009(a)(4) on Behalf of Reporting Carrier
, as agent for the reporting carrier, certify that I am autho data provided by the reporting carrier; and, to the best of	d to submit the certification on behalf of the reporting carrier; I have provided the data reported herein base knowledge, the information reported herein is accurate.
Name of Reporting Carrier:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
elephone number of Authorized Agent or Employee of Age	
	Filing Due Date for this form:

080) Triba	al Lands Reporting			FCC Form 690 Approved by OMB OMB Control No. 3060-1185
				Page 5 of 8
-040·	Church Aven Code			
<010> <015>	Study Area Code Study Area Name		378034 Pinpoint Wireless, Inc.	
<020>	Program Year		2017	
<030>	Contact Name - Person USAC should contact regarding	this data	Lisa Ruf	
<035>	Contact Telephone Number - Number of person identifi			
<039>	Contact Email Address - Email Address of person identif	ied in data line	<030> lisa.ruf@pnpt.com	
<142>	State			
11.12	State			
<143>	County			
<144>	Tribal Land(s) on which ETC Serves			
	· ,			
-1.45	Tribal Congruences Francescos Obligation			
<145>	Tribal Government Engagement Obligation	Name of Attache	d Document (.pdf)	
		rame of recuenc	a Document (.paj)	
	If your company serves Tribal lands, please select (Yes,	No Not Applica	ble) for	
	each of these boxes to confirm the status described on		oic, for	
	PDF, on line 145, demonstrates coordination with the T			
	government pursuant to § 54.1004 includes:			
			Select	
-1.40			(Yes, No, Not Applicable)	
<146>	Needs assessment and deployment planning with a foo	cus on Tribal		
	community anchor institutions;			
<147>	Feasibility and sustainability planning;			
<148>	Marketing services in a culturally sensitive manner;			
<149>	Compliance with Rights of way processes			
<150>	Compliance with Land Use permitting requirements			
<151>	Compliance with Facilities Siting rules			
<152>	Compliance with Environmental Review processes			
		_		
<153>	Compliance with Cultural Preservation review processes			
<154>	Compliance with Tribal Business and Licensing requirem	nents.		

(090) Project	Update Information	FCC Form 690
		Approved by OMB
		OMB Control No. 3060-1185
		Page 6 of 8
<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
<035>	Contact Telephone Number - Number of person identified in data line <030>	
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com
200 5	Data Authorized to Dessive Support	
<200>	Date Authorized to Receive Support	06/07/2013
<201>	Targeted Completion Date	09/30/2015
<202>	Total Mobility Fund Support Awarded	270177.39
<203>	Total Mobility Fund Support Disbursed	244159.31
<210>	Actual Completion Date	12/20/2014
-244	During the Charles Decorring in the standard land	211 378034.pdf
<211>	Project Status Description (attached)	
		{Name of PDF attached}
	Please check these boxes below to confirm that the attached PDF, on line	
	211, contains a project status pursuant to §54.1005(b)(2)(v). The information	
	shall be submitted as appropriate.	
<212>	Status of Network Deployment - Network Design	V
<213>	Status of Network Deployment - Construction	V
<214>	Status of Network Deployment - Deployment	V
<215>	Status of Network Deployment - Maintenance	V
<216>	Project Budget Status	V
<217>	Project Plan Status	V
<218>	Network will Support 3G/4G Mobile Service ?) 3G

(101) Cert	ification - Reporting Carrier		FCC Form 690
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			Page 7 of 8
<010>	Study Area Code	378034	
<015>	Study Area Name	Pinpoint Wireless, Inc.	_
<020>	Program Year	2017	
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.	_

lisa.ruf@pnpt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ON ITS OWN BEHALF:

Contact Email Address - Email Address of person identified in data line <030>

<039>

Certification of Officer as to the Accuracy of the Data Reported for Mobility Fund Recipients

l certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the reporting requirements for Mobility Fund recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier:

Pinpoint Wireless, Inc.

Signature of Authorized Officer:

CERTIFIED ONLINE

Date 05/17/2017

Printed name of Authorized Officer:

Title or position of Authorized Officer:

Executive Vice President

Telephone number of Authorized Officer:

3086973375 ext.

Study Area Code of Reporting Carrier:

378034

Filing Due Date for this form:

07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

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(102) Certification - Agent / Carrier	FCC Form 690
	Approved by OMB
	OMB Control No. 3060-1185
	Page 8 of 8

<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the repo also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the data reporting requirements provided to the authori agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date:
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File for Mobility Fund Recipients on Behalf of Reporting Carrier			
Continuation of Agent Authority	to the for Mobility Fund Recipients on Sensition (Separating Carrier		
	zed to submit the reports for Mobility Fund recipients on behalf of the reporting carrier; I have prorrier; and, to the best of my knowledge, the information reported herein is accurate.	ovided the data	
Name of Reporting Carrier:			
Name of Authorized Agent Firm:			
ignature of Authorized Agent or Employee of Agent: Date:			
Name of Authorized Agent Employee:	Vame of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Age	nt:		
Study Area Code of Reporting Carrier: Filing Due Date for this form:			
Persons willfully making false statements on this form car	n be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or 18 of the United States Code, 18 U.S.C. § 1001.	imprisonment under Title	

Attachments

Electronic Coverage and Performance Data Section 060

SAC 378034 - Pinpoint Wireless, Inc.

2017 FCC Form 690 (2016 Reporting Period)

Please be advised that the data submitted in 2016 is being resubmitted in 2017 as no changes have been made to our network. This project is complete; therefore we are resubmitting the previous year's data.

1	060) Coverage and	Performance	Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census **Census Block** (yes/no) by Service Reached County Census Block **Census Block** Service Block State Furnas 310659639002735 0 0.88 Yes NE 0 0.95 0.88 Furnas 310659639002454 0.13 0 ٥ NE 0.13 0.13 Yes Furnas 310659639002727 0.02 0 0 Yes NE 0.02 0.02 Furnas 310659639002749 0.6 NE 0.6 Yes 0.6 310659639002619 0.14 NE 0 0 0.14 0.14 Yes Furnas 310659639002595 0.1 0 0 NE 0.1 0.1 Yes 310659639006192 NE 0 0 0.04 0.04 0.04 Yes Furnas 310659639002587 NE 0 0.1 0.1 Yes 0.1 Furnas 310659639002264 0.14 NE 0 0 0.14 0.14 Yes 310659639002646 NE 0 0 0.06 0.06 0.06 Yes Furnas 310659639002698 Yes 0 0.13 0.13 NE 0 0.13 Furnas 310659639002546 Yes 0 ٥ 0.36 NE 0.36 Furnas 310659639002697 0.18 Yes NE 0.15 0.15 Furnas 310659639002746 Yes 0.11 0.11 NE 0.11 Furnas 310659639002303 NE 0 0 0.77 0.77 0.77 Yes Furnas 310659639002532 0 0.67 0.67 Yes NE 0 0.67 Furnas 310659639002566 NE 0.09 0.09 Yes 0.09 Furnas 310659639002762 0 0.32 NE 0 0.32 0.32 Yes 310659639002780 0 0 0.1 Yes NE 0.1 0.1 Furnas 310659639002647 0 0.06 Yes 0 NE 0.06 0.06

> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

1	060) Coverage and	Performance	Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141> <a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census **Census Block** (yes/no) by Service Reached County Census Block **Census Block** Service Block State Furnas 310659639002625 0 0.21 Yes NE 0 0.21 0.21 Furnas 310659639002565 0.1 0 ٥ NE 0.1 0.1 Yes Furnas 310659639002568 0.1 0 0 Yes NE 0.1 0.1 Furnas 310659639002424 0.68 NE 0.68 Yes 0.68 310659639002672 0.86 NE 0 0.86 0.86 Yes Furnas 310659639002208 0.53 0 0 NE 0.53 0.53 Yes 310659639002220 NE 0 0 0.08 0.08 0.08 Yes Furnas 310659639002732 NE 0.83 0.83 Yes 0.83 Furnas 310659639002614 0.13 NE 0 0 0.13 0.13 Yes 310659639002645 NE 0 0 0.06 0.06 0.06 Yes Furnas 310659639002221 Yes 0 0.27 0.27 NE 0 0.27 Furnas 310659639002534 Yes 0 ٥ 0.78 NE 0.78 Furnas 310659639002274 0.09 Yes NE 0.09 0.09 Furnas 310659639002237 Yes 0.2 0.2 NE 0.2 Furnas 310659639002593 NE 0 0 0.1 0.1 0.1 Yes Furnas 310659639002648 0 0.21 0.21 Yes NE 0 0.21 Furnas 310659639002767 NE 0.04 0.04 Yes 0.04 Furnas 310659639006196 0 0.14 NE 0 0.14 0.14 Yes 310659639006188 0 0 Yes NE 0.67 0.66 0.66 Furnas 310659639002573 0 0.1 Yes 0 NE 0.1 0.1

> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

1	060) Coverage and	Performance	Report

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	378034
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<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
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<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census **Census Block** (yes/no) by Service Reached County Census Block **Census Block** Service Block State Furnas 310659639002792 0 0.01 Yes NE 0 0.01 0.01 Furnas 310659639002759 0.17 0 ٥ NE 0.17 0.17 Yes Furnas 310659639002603 0.11 0 0 Yes NE 0.11 0.11 Furnas 310659639002738 0.06 NE 0.06 Yes 0.06 310659639002631 0.04 NE 0 0.04 0.04 Yes Furnas 310659639002578 0.09 0 0 NE 0.09 0.09 Yes 310659639002575 NE 0 0 0.1 0.1 0.1 Yes Furnas 310659639002597 NE 0.1 0.1 Yes 0.1 Furnas 310659639002600 0.13 NE 0 0 0.13 0.13 Yes 310659639002253 NE 0 0 0.43 0.43 0.43 Yes Furnas 310659639002520 Yes 0 0.56 0.56 NE 0 0.56 Furnas 310659639002599 Yes 0 ٥ 0.1 NE 0.1 Furnas 310659639002569 Yes NE 0.1 0.1 0.1 Furnas 310659639002460 Yes 2.02 1.86 NE 1.86 Furnas 310659639002265 NE 0 0 0.14 0.14 0.14 Yes Furnas 310659639002741 0 0.52 0.37 Yes NE 0 0.37 Furnas 310659639002612 NE 0.29 0.29 Yes 0.29 Furnas 310659639002240 0 0.76 NE 0 0.76 0.76 Yes 310659639002447 0 0 0.28 Yes NE 0.28 0.28 Furnas 310659639002251 0 0.13 Yes 0 NE 0.13 0.13

> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

(060)	Coverage a	ind Performa	nce Report
	corciage a	ina i citotina	ice itepoit

FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
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<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
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<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census **Census Block** (yes/no) by Service Reached County Census Block **Census Block** Service Block State Furnas 310659639002247 0 0.13 Yes NE 0 0.13 0.13 Furnas 310659639002659 0.22 0 ٥ NE 0.22 0.22 Yes Furnas 310659639002239 0.26 0 0 Yes NE 0.26 0.26 Furnas 310659639002616 0.14 NE 0.14 Yes 0.14 310659639002267 0.16 NE 0 0.16 0.16 Yes Furnas 310659639002269 0.14 0 0 NE 0.14 0.14 Yes 310659639002576 NE 0 0 0.16 0.16 0.16 Yes Furnas 310659639002189 NE 0.08 0.08 Yes 0.08 Furnas 310659639002783 0.09 NE 0 0 0.09 0.09 Yes 310659639002570 NE 0 0 0.33 0.33 0.33 Yes Furnas 310659639002643 Yes 0 0.1 0.1 NE 0 0.1 Furnas 310659639002786 Yes 0 ٥ 0.13 NE 0.13 Furnas 310659639002795 0.03 Yes NE 0.03 0.03 Furnas 310659639002596 Yes 0.1 0.1 NE 0.1 Furnas 310659639002470 NE 0 0 0.17 0.17 0.17 Yes Furnas 310659639002266 0 0.18 0.18 Yes NE 0 0.18 Furnas 310659639002650 NE 0.02 0.02 Yes 0.02 Furnas 310659639002426 0 1.36 NE 0 1.52 1.36 Yes 310659639002638 0 0 0.21 Yes NE 0.21 0.21 Furnas 310659639006189 0 0.07 Yes 0 NE 0.07 0.07

> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

FCC Form 690 Approved by OMB

OMB Control No. 3060-1185

<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<141>

<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<c1></c1>	<c2></c2>	<c3></c3>	<d></d>
State	County	Census Block	Resident Population per Census Block	Resident Population Newly Reached by Service	Total Resident Population Reached by Service	Road Miles per Census Block	Road Miles per Census Block Newly Reached	Total Road Miles covered per Census Block	Certify that Coverage and Performacne data is uploaded (yes/no)
NE	Furnas	310659639002630	0	0	0	0.62	0.62	0.62	Yes
NE	Furnas	310659639002588	0	0	0	0.62	0.62	0.1	Yes
NE	Furnas	310659639002246	0	0	0	0.14	0.14	0.14	Yes
NE	Furnas	310659639002241	0	0	0	0.24	0.24	0.24	Yes
NE	Furnas Furnas	310659639002242	0	0	0	0.14	0.14	0.14	Yes
NE	Furnas	310659639002263	0	0	0	0.14	0.14	0.14	Yes
NE	Furnas	310659639002459	0	0	0	1.41	1.41	1.41	Yes
NE	Furnas	310659639002567	0	0	0	0.1	0.1	0.1	Yes
NE	Furnas	310659639002598	0	0	0	0.11	0.11	0.11	Yes
NE	Furnas	310659639002198	0	0	0	0.13	0.13	0.13	Yes
NE	Furnas	310659639002602	0	0	0	0.09	0.09	0.09	Yes
NE	Furnas	310659639002252	0	0	0	0.05	0.05	0.05	Yes
NE	Furnas	310659639002262 310659639002458	0	0	0	0.17	0.17	0.17	Yes
NE	Furnas	310659639002458	0	0	0	0.01	0.01	0.01	Yes
NE	Furnas	310659639002781	0	0	0	0.16	0.16	0.16	Yes
NE	Furnas	310659639002781	0	0	0	0.1	0.1	0.1	Yes
NE	Furnas	310659639002804	0	0	0	0.1	0.1	0.1	Yes
NE	Furnas	310659639002632	0	0	0	0.11	0.11	0.11	Yes
NE	Furnas	310659639002748	0	0	0	0.18	0.18	0.18	Yes
NE		220030037002740	0	0	0	0.07	0.07	0.07	Yes

Percentage of **Total Population** Reached by Service

0			

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(060)	Coverage a	ind Performa	nce Report
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FCC Form 690 Approved by OMB OMB Control No. 3060-1185

<010>	Study Area Code	378034
<015>	Study Area Name	Pinpoint Wireless, Inc.
<020>	Program Year	2017
<030>	Contact Name - Person USAC should contact regarding this data	Lisa Ruf
<035>	Contact Telephone Number - Number of person identified in data line <030>	3086973375 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lisa.ruf@pnpt.com
<140>	Coverage and Performance Report Year	01/2016 - 12/2016

<a1> <a2> <a3> <b1> <b2> <b3> <c1> <c2> <c3> <d> Certify that **Total Road** Coverage and **Road Miles** Resident **Total Resident** Miles Performacne Resident Population Population **Road Miles** per Census covered per data is uploaded Newly Reached Block Newly Population per Reached by per Census **Census Block** (yes/no) by Service Reached County Census Block **Census Block** Service Block State Furnas 310659639002651 0 0.05 Yes NE 0 0.05 0.05 Furnas 310659639002673 0.04 0 ٥ NE 0.04 0.04 Yes Furnas 310659639002611 0.35 0 0 Yes NE 0.35 0.35 Furnas 310659639002636 0.17 0.17 NE Yes 0.17 310659639002770 NE 0 0.1 0.1 Yes Furnas 310659639002618 0.15 0 0 NE 0.15 0.15 Yes 310659639002275 NE 0 0 0.13 0.13 0.13 Yes Furnas 310659639002581 NE 0.1 0.1 Yes 0.1 Furnas 310659639002605 0.14 NE 0 0 0.14 0.14 Yes 310659639002740 NE 0 0 0.63 0.63 0.63 Yes Furnas 310659639002457 Yes 0 1.59 1.59 NE 0 1.59 Furnas 310659639002224 Yes 0 ٥ 0.3 NE 0.3 Furnas 310659639002464 0.33 Yes NE 0.33 0.33 Furnas 310659639002733 Yes 0.39 0.39 NE 0.39 Furnas 310659639002234 NE 0 0 0.1 0.1 0.1 Yes Furnas 310659639002785 0 0.03 0.03 Yes NE 0 0.03 Furnas 310659639002574 NE 0.16 0.16 Yes 0.16 Furnas 310659639002637 0 0.06 NE 0 0.06 0.06 Yes 310659639002739 0 0.29 Yes NE 0 0.29 0.29 Furnas 310659639002613 0 0.02 Yes 0 NE 0.02 0.02

> Percentage of Total Population Reached by Service

0			

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1	060) Coverage and	Performance	Report

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<140>	Coverage and Performance Report Year	01/2016 - 12/2016

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> Percentage of Total Population Reached by Service

0			

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<140>	Coverage and Performance Report Year	01/2016 - 12/2016

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> Percentage of Total Population Reached by Service

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(060)	Coverage a	ind Performa	nce Report
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<140>	Coverage and Performance Report Year	01/2016 - 12/2016

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> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

(060)	Coverage a	ind Performa	nce Report
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<140>	Coverage and Performance Report Year	01/2016 - 12/2016

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> Percentage of Total Population Reached by Service

0

Percentage of Total Road Miles covered by Service

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> Percentage of Total Population Reached by Service

0			

99		

FCC Form 690 Section 211

Auction 901 Project Status Update

Furnas County SAC# 378034

1. Status of Network Deployment-Network Design

The network design has been fully completed. We have site prediction maps completed to date.

2. Status of Network Deployment-Construction

The construction has been completed and consists of two towers in Furnas County. All sites are up and operational.

3. Status of Network Deployment-Deployment

All sites are currently deployed and operational.

4. Status of Network Deployment-Maintenance

Maintenance has not been an issue at this current time. The new network is functioning properly.

5. Project Budget Status

We have completed the network for this SAC and feel that it has met our planned budgetary and coverage obligations.

6. **Project Plan Status**

The project plan is complete. All funds have been disbursed and final amounts have been drawn.